



## Uniform Rate Increase Application

**Please hit the Submit button upon completing the entire form. You cannot save your work and come back.** Once complete and submitted you will receive a confirmation page stating successfully submitted.

Please complete the information requested in the yellow cells below. The deadline to submit your information is **Wednesday, March 1, 2017**.

Please note that stakeholders will have input into decisions about classes of hospital, services subject to rate increases, and the percentage increase applicable to each class, but HHSC retains the final decision-making authority on these aspects of the program.

For information regarding completing this form please send an email to HHSC RAD Uhrip mailbox at [RAD-Uhrip@hhsc.state.tx.us](mailto:RAD-Uhrip@hhsc.state.tx.us)

For technical assistance with this form please call (512) 490-3193.

**Select your Service Delivery Area (SDA):** ~ Select ~

### SDA Contact Information

Please note that there is a limit of three sponsoring governmental entities on this form. Based on the selected number of participating governmental entities, additional contact information boxes will open up under the Governmental Entity Contact Information section. If more than three sponsoring governmental entities are in your service area, please contact HHSC.

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### Governmental Entity Contact Information

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### Proposed Total Governmental Funding

In the yellow cells below, please enter the amount of funds the sponsoring governmental entities agree to transfer for the first six months of the fiscal year. The total funding will calculate in the top white cell. Please note that sponsoring governmental entities must be able to transfer the estimated amount of expenditures for the rate increases in the SDA, including state administrative costs, as well as risk margins, premium taxes, and administrative fees included in payments to the managed care organizations (MCOs),

for the first six months of the state fiscal year, plus ten percent that will be returned by HHSC unless needed to cover higher-than-expected expenditures, no later than May 1, 2017.

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## Total Governmental Funding for the SDA

## Sponsored Hospital Information

Please select how the SDA would like to designate the funding. The SDA may choose to set a percentage amount to certain class of hospital or the SDA can propose a Percentage Rate increase for each class of hospital. Based on the selection of the Class of Hospital, the appropriate cells will open in the Percentage of Funds or Percentage Rate Increase columns. The SDA should check the classes of hospitals that the governmental entities prefer to sponsor. Next to your selections, please enter the Percentage of Funding or Percentage Rate Increase you are proposing towards each class of hospital. Please note if an SDA chooses to use Percentage of Funds, the percentage will also indicate to HHSC the priority of funding for each class of hospital.

### Designation of Funds

~ Select ~

In the dropdown box to the left, please indicate how you would like to designate the funds provided by the sponsoring governmental entities (Percentage of Funds or Percentage Rate Increase).

**Classes of Hospitals**

**Percentage**

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### Types of Service

~ Select ~

In the dropdown box to the left, please indicate the type of service (inpatient, outpatient, or both) that the sponsoring governmental entities request be subject to the rate increase.